

Maryland Department of Health  
Environmental Health Bureau  
Permits and Licenses  
6 Saint Paul Street, Suite 1301, Baltimore, MD 21202-1608  
Phone (410) 767-6757 ▪ Fax (410) 333-8931

**Certified Dairy Farm Inspector Application**

Certified Dairy Farm Inspector Information		
Name:		
Physical Address:		
Certification Date:		
Phone 1:		Phone 2:
Fax:		
Email:		

Employer Information		
Company Name:	FEIN:	
Legal Address:		
Contact Name:	Email:	
Phone 1:	Phone 2:	Fax:

Mail Official Correspondence To	Payment (return with application)	
ATTN (Person):	License Fees: <b>\$10</b>	
<input type="checkbox"/> Inspector address above <input type="checkbox"/> Employer address above	Amount Paid:	Check Number:
<input type="checkbox"/> Other Mail Address:	<b>Note: Only checks or money orders are accepted.</b>	
	Date Received:	Received by:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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CMDPS Approval: \_\_\_\_\_ Date: \_\_\_\_\_



# MARYLAND Department of Health

*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

## MEMORANDUM

**TO: Permit Applicants**

**FROM: Center for Milk and Dairy Product Safety**

**DATE: January 4, 2019**

**RE: Required documentation for permit application processing**

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**The following DOCUMENTATION is REQUIRED FOR APPLICATION PROCESSING –**  
Applications **will not** be processed without this documentation:

All Distribution and Frozen Dessert Applicants:

- Out of State applicants are required to submit a copy of their current state or local health department operating permit;
- In State applicants are required to submit a copy of their most recent state health department inspection report;
- All applicants are required to submit a current list of products manufactured or distributed by their facility;
- All applicants are required to submit workers compensation insurance verification, as stated on the application.

Milk Processor Permit Applicants:

- Grade “A” applicants (in and out of State) are required to submit the date of their most recent IMS rating;
- Grade “M” Out of State applicants are required to submit a copy of their most recent state / local health department inspection;
- All applicants are required to submit workers compensation insurance verification, as stated on the application;
- All applicants are required to submit a current list of products manufactured in your facility (please see application for examples).

Bulk Milk Hauler and CIDFI Applicants:

- Out of State applicants, please provide a copy of your most recent field evaluation, for application approval;
- In State applicants, please provide the date of your most recent field evaluation (unless it was performed out of State, in which case, please provide a copy to accompany your application).

Please contact Permits and Licensing with any questions at (410) 767-6757.